



Dear Prospective Family,

Thank you for considering St. Martin of Tours School in the education of your child/children. Our staff is looking forward to working with you and your family to provide a K-8 education that will provide the foundation for success now and in the future.

Our school has been educating children in this community for over 100 years. This rich tradition of academic excellence is a source of pride, not only for our school, but for our parish as well. I can tell you this from experience as me and my family have lived in the Cheviot area and have been parishioners at St. Martin of Tours for over 10 years. On top of that, all four of our children attend St. Martin School. Our staff is committed to empowering students to develop personal excellence and to achieve their highest potential.

At St. Martin of Tours, we believe that every child has the right to work in a safe and caring environment where high academic expectations, self-esteem, good character, healthy lifestyles, creativity, and an appreciation for the fine arts are promoted. Each day we make a difference in the lives of our community's future leaders.

In this packet are all of the necessary forms that you will need to register your child/children for the upcoming 2017-2018 school year. In order for the registration to be complete, please follow the steps outlined on the "Aid to Registration" form found in this packet. We need ALL of the forms and fees (if applicable) for your registration to be complete. When you have completed the forms, please return them to the school office. Please note that any late registrations may have to be put on a waiting list as some classes may reach a maximum class size.

Tuition for the 2017-2018 school year HAS NOT CHANGED from the current school year and is set at \$3350 for In-Parish and \$4650 for Out of Parish families.

Please feel free to contact the school office with any questions or concerns you may have throughout this process. We appreciate you entrusting our staff with your child /children's education.

Yours in Christ,

Mr. Jason Fightmaster
Principal
St. Martin of Tours School

St. Martin of Tours School

3729 Harding Ave, Cincinnati, OH 45211

Telephone: 661-7609 Fax: 661-8102 www.saintmartin.org

AID TO REGISTRATION – NEW STUDENT 2017-2018

Please submit:

1. Birth Certificate
2. Baptismal Certificate (if baptized Catholic) *
3. Custody Papers*
4. St. Martin Registration Form
5. Release of Records Form
6. Special Needs Form / Permission to Test (**Both sides**)
7. Tuition Payment Agreement Form (**Both sides**) (Blue)
8. Private/Parochial ♦ Charter/Community School (**CPS Form – 2 pages**)
9. Current Utility Bill* (dated within the last 30 days)
10. Attendance Records from previous school
11. Conduct Report from previous school
12. Last two Report Cards

Pre-tuition payment: \$50 pre-tuition payment per family. (Not required for EdChoice applicants.) Please make check payable to: **St. Martin School**. This payment will be applied toward your tuition at the last tuition payment of the school year.

EdChoice

Your application can not be submitted to EdChoice until all supporting documents have been received.

Registration will not be considered complete unless we have the above certificates and forms.

*We will make a copy and return this information to you.



St. Martin of Tours School Student Registration

3729 Harding Avenue Cincinnati, OH 45211

Tel: 513-661-7609 Fax: 513-661-8102

www.saintmartin.org

Date: _____

Ed Choice: _____

Expansion: _____

CHILD'S NAME (first) _____ (Middle) _____ (Last) _____

CHILD'S ADDRESS _____ Home Phone# _____

City _____ County _____ State _____ Zip _____

BIRTHDATE ____/____/____ BIRTHPLACE _____ Sex _____
City / State _____

Previous School (Name & Address) _____

Public School of Residence (i.e. Cheviot, Midway) _____

Entering Grade Level _____ Student Last four S.S.# _____

Child's Ethnic Background:

☐ Caucasian ☐ Native American ☐ African American
☐ Asian ☐ Pacific ☐ Hispanic

Language Spoken at Home:

RELIGION

☐ Catholic ☐ Other _____

Legal Parents (indicate all that apply):

☐ Both Parents living at home ☐ Father and Stepmother (name) _____
☐ Mother Only ☐ Mother and Stepfather (name) _____
☐ Father Only ☐ Joint Custody _____
☐ Adopted ☐ Other: _____

MOTHER'S NAME _____ (MI) _____ (Last) _____

Maiden: _____

ADDRESS (If different than Child's) _____

City _____ State _____ Zip _____

Ethnicity: _____ Phone:(Home) _____ Cell/work _____

E-Mail Address _____

Birthdate ____/____/____ Birthplace: _____

RELIGION: ☐ Catholic ☐ Other Graduate of St. Martin? ☐ No ☐ Yes (year) _____

Education: _____ Occupaton: _____

Employment Address: _____ City _____ State _____ Zip _____

☐ Living ☐ Deceased Marital Status _____ U.S. Citizen ☐ No ☐ Yes

FATHER'S NAME _____ (MI) _____ (Last) _____

ADDRESS (If different than Child's) _____

City _____ State _____ Zip _____

Ethnicity: _____ Phone:(Home) _____ Cell/work _____

E-Mail Address _____

Birthdate ____/____/____ Birthplace: _____

RELIGION: ☐ Catholic ☐ Other Graduate of St. Martin? ☐ No ☐ Yes (year) _____

Education: _____ Occupaton: _____

Employment Address: _____ City _____ State _____ Zip _____

☐ Living ☐ Deceased Marital Status _____ U.S. Citizen ☐ No ☐ Yes

Religious Background

☐ Registered in St. Martin Parish

☐ Registered in another Catholic Parish

☐ Not registered in any Catholic Parish

☐ Member of other faith congregation _____

Registration Date: _____

Parish Name: _____

(City/State): _____

Pastor: _____

SACRAMENTS RECEIVED BY CHILD

	BAPTISM	FIRST COMMUNION	RECONCILIATION	CONFIRMATION
Date:				
Church:				
City/State:				

Family Information

☐ This child would be the Only child in our family attending St. Martin school at this time.

☐ This child is our youngest child attending St. Martin School at this time.

☐ This child will be the oldest child in our family attending St. Martin School at this time.

☐ This child is our middle child attending St. Martin School at this time.

Siblings: (Names, ages, schools, and grades)

Do you give permission for St. Martin of Tours School to use photos of your child/children for use in public relations activities*? ____ YES ____ NO

*By checking "yes" on the Photo Release, I give permission for my child to be interviewed, identified, and/or photographed/filmed for use in internet and external media sources including but not limited to: publication via web site or other technological publications, videos, newspapers, radio, or television.



ARCHDIOCESE OF CINCINNATI

Request for Release to Transfer School Records

This form is provided for the purpose of obtaining or releasing a student's records. By signing this release, a parent, legal guardian, or the student involved who is over 18 years of age, will expedite the transfer of records to another school for enrollment in that school.

School Name _____ Date _____

Current School Address _____

I, _____ (Parent/Guardian/Adult Student) do

hereby give my permission for _____

pertinent school records to be released to:

ST. MARTIN SCHOOL
3729 Harding Avenue
Cincinnati, OH 45211

- ☐ Academic or Transcript Record
- ☐ Conduct Records
- ☐ Cumulative Record
- ☐ Report Card(s) (Please include all previous report cards and grades for current grading period.)
- ☐ Health Records/Psychological Records/Medical records
- ☐ Copy of psychological testing and/or special education placement (IEP)
- ☐ Verbal communication between school administration and health care professionals, social workers and/or psychologists

By signing this request for transfer, I relieve the school, which the above named student was attending, of the responsibility of notifying me that the records are being transferred. This authorizes transfer of all school records (as defined by PL 93-380 and any amendments thereto).

I give permission for the release of my child's health, academic, attendance, and psychological records.

(Parent/Guardian/Adult Pupil Signature)

(If moving, list new address)

St. Martin of Tours School
3729 Harding Ave, Cincinnati, OH 45211

Telephone: 661-7609 Fax: 661-8102 www.saintmartin.org



Date_____

Please fill in the following information:

Student's name_____

Address_____

Name of school attended_____

Address_____

Was student enrolled in any special program? If so, indicate below:

- _____ Tutor Program
- _____ Special Learning Disabilities Program
- _____ Reading Program
- _____ Behavioral Program
- _____ Psychological Testing
- _____ Speech Therapy
- _____ Math Tutoring

Does the student have any unusual problems we should be aware of?

- _____ Physical
- _____ Academic
- _____ Psychological

If you have checked any of the above, please explain:

Signed_____

St. Martin of Tours School
3729 Harding Ave, Cincinnati, OH 45211

Telephone: 661-7609 Fax: 661-8102 www.saintmartin.org



Date_____

STUDENT'S NAME_____

ADDRESS_____

CITY/ZIP_____

BIRTHDAY: Mo._____ Day_____ Year_____

PARENT'S NAME_____

PREVIOUS SCHOOL_____

FOR GRADE_____

HOME PHONE NO._____

MOTHER'S WORK NO._____

FATHER'S WORK NO._____

_____ I give permission for my child to participate in an academic screening at St. Martin School.

_____ I refuse permission for my child to participate in an academic screening at St. Martin School.

Parent/Guardian Signature

St. Martin of Tours School

3729 Harding Ave, Cincinnati, OH 45211

Telephone: 661-7609 Fax: 661-8102 www.saintmartin.org

ST. MARTIN OF TOURS SCHOOL
3729 HARDING AVENUE
CINCINNATI, OH 45211
513 661-7609

January 2017

Dear Parent(s),

FACTS Grant & Aid Assessment will be conducting the financial need analysis for St Martin of Tours for the upcoming 2017-2018 school year. Families applying for financial aid will need to complete an application and submit the necessary supporting documentation to FACTS Grant & Aid Assessment by March 3, 2017. Applicants can apply online by clicking the FACTS link at online.factsmgt.com/aid. Once an online application has been completed, the following information will need to be sent to FACTS to complete the application process:

- Copies of your most recent Federal tax forms including all supporting tax schedules.
- Copies of your 2015 or 2016 W-2 forms for both you and your spouse.
- Copies of supporting documentation for Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and TANF.

All supporting documentation can be uploaded in pdf format online.

Documentation can also be faxed to 866-315-9264 or mailed to the address below. Please be sure to include the applicant ID on all faxed or mailed correspondence.

FACTS Grant & Aid Assessment
PO Box 82524
Lincoln, NE 68501-2524

If you have questions or concerns about the application process, you can speak with a FACTS Customer Care Representative at 866-441-4637.

In order to be eligible for a grant/tuition assistance you must be an active parishioner at St Martin of Tours. Active parishioners are those who attend Sunday Mass at St. Martin of Tours Church and use their church envelopes at least 36 Sundays during the year (eighteen Sundays during each six months January through June and July through December). The funds for the grant/tuition assistance (FACTS) come from the generous active parishioners who contribute to St. Martin of Tours Church.

Sincerely,

Lois Sundrup

Lois Sundrup
Business Manager

ST. MARTIN OF TOURS SCHOOL
2017-2018 TUITION PAYMENT AGREEMENT

EdChoice
EdChoice-Exp

This form must be signed and returned with your \$50 per family pre-tuition payment except for the Ed Choice Registrants.

I/We, the undersigned, accept financial responsibility for our child/children's education and agree to pay St. Martin of Tours School \$_____ for tuition.

The tuition payment plan will be as follows: Please check one: monthly _____ full payment _____ other (submit and subject to approval).

Please read the "Policy for Tuition Collection". I/we understand and agree to the action taken for delinquent payments as stated in the "Policy for Tuition Collection".

Parent/Guardian Signature _____ Date

Please Print Family Name: _____

Address: _____ Zip Code: _____

Phone #: _____ E-mail address: _____

Student's Name

(Last Name) (First Name) (Date of Birth) (Religion) Y N
(Baptism) (Grade Next Year)

(Last Name) (First Name) (Date of Birth) (Religion) Y N
(Baptism) (Grade Next Year)

(Last Name) (First Name) (Date of Birth) (Religion) Y N
(Baptism) (Grade Next Year)

(Last Name) (First Name) (Date of Birth) (Religion) Y N
(Baptism) (Grade Next Year)

Your first tuition payment as stated must be paid by June 1st.

St. Martin School does offer financial assistance in the form of the FACTS Program. If you feel your family will not be able to pay the tuition amount listed, please apply for financial assistance.

OVER...

ST. MARTIN OF TOURS SCHOOL TUITION POLICY – 2017-2018

THIS FORM MUST BE TURNED IN FOR REGISTRATION TO BE COMPLETE

Place a check mark in front of your rate.

_____ NON-ACTIVE MEMBER TUITION RATE (OUT-OF-PARISH TUITION RATE):

Non-active members and families on the inactive parishioners list will be charged the Non-active Member Tuition Rate (Out-Of-Parish Rate) of \$4,650.00 per student.

Name: _____

Address: _____

Phone: _____ Date: _____

_____ IN-PARISH TUITION RATE:

The In-Parish Tuition Rate is for families who are active “contributing” members of St. Martin of Tours Parish. St. Martin of Tours Pastoral Council has established the following criteria to receive the In-Parish Tuition Rate. Because each child attending St. Martin of Tours School receives a parish grant of approximately \$1,300.00, we expect the following from families receiving the In-Parish Tuition Rate:

1. **Register as a member of St. Martin of Tours Parish.**
2. **Worship consistently at St. Martin of Tours** by attending Mass and using the collection envelope fifty-two (52) times a year. If you cannot always be present here, there is a limit to personal envelope non-usage per year. Beginning in January 2002, if you only make thirty-six (36) Sundays during the year (eighteen Sundays during six months), you will still be considered as an active member of St. Martin of Tours Church. These records will be checked on a quarterly basis.
3. **Support financially St. Martin of Tours Parish.** Families of St. Martin of Tours Parish are asked to contribute at least \$500 per year, per family (approximately \$10 per week) to the Parish. For School families, this amount is suggested in addition to School Tuition.
4. **Participate regularly in the community life of the parish** by volunteering your time and talents to various parish and school ministries and organizations as your ability allows.
5. **Pay tuition on a timely basis.**

For those who attend only 35 Sundays or less per year (17 Sundays or less per half year), those families will be considered non-active members and those families will pay non-active member tuition (out-of-parish tuition). Non-active tuition (out-of-parish tuition) is \$4,650.00 per child. This tuition amount is without exception for each child in the family. **What is most important, however, is the use of the church envelope each week, irrespective of any given amount.**

ANNUAL OFFERTORY COMMITMENT

In prayerful thanksgiving for many blessings received, I/We hereby state our intent to contribute to the support of St. Martin of Tours Parish as follows assuming health and personal affairs permit:

\$ _____ Weekly

\$ _____ Quarterly

\$ _____ Monthly

\$ _____ Annually

If necessary, I will make changes by notifying the Parish Office.

Signature: _____ Date: _____

Name: _____

Address: _____

Phone: _____ Envelope # _____

ST. MARTIN OF TOURS SCHOOL
2017-2018
POLICY FOR TUITION COLLECTION

With the letter of intent/registration that parents sign they must submit an agreement to pay tuition according to a certain plan. The form on which this payment agreement is stated is due with the letter of intent. The first tuition payment is due by June 1, unless you have received an adjusted payment plan. If the tuition payment is not current or if the signed tuition agreement form is not on file by June 1, the child at the discretion of the Business Manager will not be admitted to school. School packets will be given to all who are current with tuition payment.

If subsequent payments are not received by 15 days past the due date (the fifteenth of the month), a **\$20.00** late charge (effective January 1, 2000) shall automatically be assessed to the tuition payment.

- If tuition is not paid in full by the end of the school year, the student(s) shall not be admitted for the following year.
- If the tuition is not paid in full by the end of the school year, the school shall not release any student records until such time as tuition is paid in full or a satisfactory payment plan is agreed upon.
- **The new policy effective June 14, 2001, for the August and May tuition payments is, "ANY AUGUST TUITION PAYMENT RECEIVED AFTER THE FIRST MONDAY OF AUGUST OR MAY TUITION PAYMENT RECEIVED AFTER MAY 15, MUST BE PAID WITH A MONEY ORDER, A CASHIER'S CHECK OR CASH. ALSO, AUGUST PACKETS WILL NOT BE RELEASED UNLESS TUITION IS CURRENT."**

If tuition payments become more than two payments in arrears, the Business Manager at her discretion may consider the payment agreement in default and the full balance of tuition shall be immediately due and payable. A written default notice shall be given to the parent/guardian. Upon receipt of the written default notice, it shall be the responsibility of the parent/guardian within 10 days to cure the default, pay the tuition in full, or make satisfactory arrangements to pay.

If the default is not cured, a letter will be sent stating that the student(s)' enrollment shall be terminated.

The Business Manager shall have the discretion to withhold the report card from any student whose tuition payments are not current at the **end of each quarter**.

It shall be the responsibility of the parent/guardian to notify the Business Manager of any change in their financial condition that might result in tuition payment problems.

An additional charge of **\$30.00** will be issued for each check that is returned to us because of "insufficient funds".

Education Commission Policy
June 14, 2001

IN-PARISH TUITION PLAN 2017-2018 SCHOOL YEAR

The multi child discount of \$300 for 2nd child; \$400 for the 3rd child; and \$500 for the 4th child will remain. Also, if you pay your full tuition by June 1st, you are eligible for a 5% tuition discount minus the \$50.00 pre-tuition paid.

- The pre-tuition payment due by Friday, March 3, 2017 per family is \$50.00 which is non-refundable.
- First Payment June 1, 2017
- Second Payment July 1, 2017
- Third Payment August 1, 2017
- Fourth thru Eleventh payments First of each month
- Last payment is due May 1, 2018.

- The pre-tuition payment due by Friday March 3, 2017 of \$50.00 per family.
- Anyone returning to St. Martin School in 2017-2018, must have their pre-tuition payment of \$50.00 per family by Friday March 3, 2017, in order for their pre-tuition payment to be applied to their tuition.
- **If the pre-tuition of \$50.00 per family is not received by the registration deadline of March 3, 2017, the pre-tuition payment will not be deducted from the tuition payment.**
- New families registering their child(ren) for the first time will be exempt from this policy.

ST. MARTIN OF TOURS SCHOOL KINDERGARTEN THROUGH EIGHTH
TUITION PAYMENT PLAN FOR 2017-2018
AMOUNT DUE IF TAKING ADVANTAGE OF 5% DISCOUNT BY JUNE 1, 2017 –
5% discount on the “*tuition due minus* pre-tuition payment”.

Example: \$3,350.00 - \$50.00 pre-tuition payment = \$3,300.00.

$\$3,300.00 \times 5\% (.05) = \165.00

Therefore, \$3,350.00 - \$50.00 pre-tuition payment - \$165.00 (5% discount) = **\$3,135.00** the total amount due by **June 1, 2017**

Student(s)	Total Tuition		Pre-Tuition Payment Due by Mar 3, 2017		Tuition Due minus Pre-Tuition Payment paid in Mar 3, 2017		5% discount by June 1		Total Amount Due June 1
1	3,350.00	minus	50.00	equals	3,300.00	minus	165.00	equals	3,135.00
2	6,400.00	minus	50.00	equals	6,350.00	minus	317.50	equals	6,032.50
3	9,350.00	minus	50.00	equals	9,300.00	minus	465.00	equals	8,835.00
4	12,200.00	minus	50.00	equals	12,150.00	minus	607.50	equals	11,542.50

OUT OF PARISH TUITION

Student(s)	Total Tuition		Pre-Tuition Payment Due by Mar 3, 2017		Tuition Due minus Pre-Tuition Payment paid in Mar 3, 2017		5% discount by June 1		Total Amount Due June 1
1	4,650.00	minus	50.00	equals	4,600.00	minus	230.00	equals	4,370.00
2	9,300.00	minus	50.00	equals	9,250.00	minus	462.50	equals	8,787.50

**ST. MARTIN SCHOOL TUITION PAYMENT PLAN FOR 2017-2018
KINDERGARTEN THROUGH EIGHTH IN-PARISH TUITION**

Students	1	2	3	4
TOTAL 2017-18 TUITION	3,350.00	6,400.00	9,350.00	12,200.00
Pre-tuition due for 2017-18 school year March 3, 2017	50.00	50.00	50.00	50.00
1st Payment JUNE 1, 2017	275.00	530.00	775.00	1,015.00
2nd Payment JULY 1, 2017	275.00	530.00	775.00	1,015.00
3rd Payment AUGUST 1, 2017	275.00	530.00	775.00	1,015.00
4th Payment SEPTEMBER 1, 2017	275.00	530.00	775.00	1,015.00
5th Payment OCTOBER 1, 2017	275.00	530.00	775.00	1,015.00
6th Payment NOVEMBER 1, 2017	275.00	530.00	775.00	1,015.00
7th Payment DECEMBER 1, 2017	275.00	530.00	775.00	1,015.00
8th Payment JANUARY 1, 2018	275.00	530.00	775.00	1,015.00
9th Payment FEBRUARY 1, 2018	275.00	530.00	775.00	1,015.00
10th Payment MARCH 1, 2018	275.00	530.00	775.00	1,015.00
11th Payment APRIL 1, 2018	275.00	530.00	775.00	1,015.00
12th Payment MAY 1, 2018	275.00	520.00	775.00	985.00

**ST. MARTIN SCHOOL TUITION PAYMENTS 2017-2018
KINDERGARTEN THROUGH EIGHTH OUT-OF-PARISH TUITION**

Students	1	2
TOTAL 2017-18 TUITION	4,650.00	9,300.00
Pre-tuition due for 2017-18 school year March 3, 2017	50.00	50.00
1st Payment JUNE 1, 2017	390.00	775.00
2nd Payment JULY 1, 2017	390.00	775.00
3rd Payment AUGUST 1, 2017	390.00	775.00
4th Payment SEPTEMBER 1, 2017	390.00	775.00
5th Payment OCTOBER 1, 2017	390.00	775.00
6th Payment NOVEMBER 1, 2017	390.00	775.00
7th Payment DECEMBER 1, 2017	390.00	775.00
8th Payment JANUARY 1, 2018	390.00	775.00
9th Payment FEBRUARY 1, 2018	390.00	775.00
10th Payment MARCH 1, 2018	390.00	775.00
11th Payment APRIL 1, 2018	390.00	775.00
12th Payment MAY 1, 2018	310.00	725.00

EDCHOICE SCHOLARSHIP PROGRAM 2017-2018 REQUEST FORM

STUDENT INFORMATION

*** Please use Birth Certificate for student data ***

NAME: _____

FIRST MIDDLE LAST

DATE OF BIRTH: _____ GRADE LEVEL on January 1, 2017: _____

GENDER: Female ☐ Male ☐ CITY OF BIRTH:

LAST FOUR DIGITS SS#: _____ MOTHER'S MAIDEN NAME: _____

NATIVE LANGUAGE: () ETHNICITY: ()

Guardian Signing Scholarship Checks

I am the (check one)

- ☐ Natural Parent
- ☐ Adoptive Parent
- ☐ Residential Parent

- o Legal Custodian (court documents required)
- o Guardian of student applying for scholarship funds
- o Student is at least eighteen years of age

NAME: _____

FIRST **MIDDLE** **LAST**

DATE OF BIRTH: _____ LAST FOUR DIGITS SS#: _____

PHYSICAL ADDRESS:

CITY, STATE, ZIP: COUNTY:

PHONE: _____ E-MAIL: _____

RELATIONSHIP TO STUDENT: _____

PARENT/GUARDIAN

SECONDARY PARENT/GUARDIAN

NAME:

<u>FIRST</u>	<u>MIDDLE</u>	<u>LAST</u>
--------------	---------------	-------------

DATE OF BIRTH: LAST FOUR DIGITS SS#:

PHYSICAL ADDRESS:

CITY, STATE, ZIP:

PHONE: _____ E-MAIL: _____

RELATIONSHIP TO STUDENT: _____

INCOME

*****ATTENTION EXPANSION APPLICANTS: INCOME VERIFICATION MUST BE COMPLETED TO APPLY FOR THE EDCHOICE EXPANSION SCHOLARSHIP*****

By checking below you are indicating you will complete the income verification process. Please obtain the Income Verification form from the school **OR** from the EdChoice web site: <http://education.ohio.gov/edchoice>

- ☐ YES, I believe that I qualify for low income status. I will submit a completed Income Verification Form and supporting documents to the EdChoice Office listed on the form.
- ☐ NO, I am not interested in applying for low income status. I either: 1) do not qualify for low income status or 2) do not want my income verified by the program.

RETURN TO THE PRIVATE SCHOOL WITH BIRTH CERTIFICATE AND UTILITY BILL BEFORE THE DEADLINE OF APRIL 30, 2017

**EDCHOICE SCHOLARSHIP PROGRAM
2017-2018 REQUEST FORM**Information below **MUST** be completed to determine eligibility. My student is CURRENTLY attending a (check ONLY one and enter the school name.)

SCHOOL INFORMATION

- ☐ Public School _____
- ☐ Charter/Community School _____
- ☐ Private School _____
- ☐ Home Schooled _____
- ☐ Pre-School _____
- ☐ Other _____

Name of public school district you live in (e.g., Elyria City, Mansfield City, etc.) _____

Name of public school building your child would be assigned to for the 2017-2018 School Year: _____

ADDRESS
VERIFICATION

Proof of residence is required of all first-year and renewal applicants. Documents submitted must contain the parent/guardian's name, current address and the date. The date should be current. Post office boxes are not acceptable. Most utility bills still show the "for service at" location, which will indicate where the gas, electric, etc. is being used. In the case of post office boxes, the whole bill should be submitted for review. Parents/guardians must document residency by providing the school with one of the following utility bills (to be accompanied with their request or renewal forms):

* Cell Phone Bills are not accepted. Entire utility bill must be submitted showing matching service and mailing address. Additional information can be found on the scholarship webpage.

1. Electric
2. Gas
3. Water
4. Lease/rental agreement and one (1) other official document
5. Cable/Internet
6. Monthly mortgage statement
7. Sewer

2017-2018 EDCHOICE PARENT AGREEMENT

(parent name) _____

agree to the following:

- * The information provided in this application is true and correct.
- * I have supplied the chartered nonpublic school with a certified copy of the student's birth certificate, copies of all custody/guardianship documentation for the student, and proof of my address.
- * I have submitted only one EdChoice application for this student.
- * The scholarship amount shall only be applied to the tuition of the enrolling school and I may be required to pay other fees and costs as prescribed by the policies of the school.
- * I will sign all scholarship checks received by the private school for my student in a timely manner. I understand that if I fail to endorse the scholarship checks to the school, I will be responsible for paying the student's tuition.
- * If I transfer my scholarship to another participating chartered nonpublic school, I will notify the school of my intent to withdraw and I will return to the original school to sign any remaining checks.
- * I will apply for any and all financial aid or tuition discounts and adjustments made regularly available to the students attending the school in which the student is accepted for enrollment.
- * I will abide by the Ohio Department of Education (ODE) dispute resolution process outlined in Ohio Administrative Code Section 3301-11-14.
- * If I am not a low income parent or did not complete the income verification process, I will be responsible for paying any difference between the scholarship amount and the tuition of the chartered nonpublic school.
- * I must inform ODE and the chartered nonpublic school of any change in the student's residential address or custody status.
- * I will not be able to renew my child's scholarship if: our family has moved to another city school district and our new neighborhood public school is not a designated EdChoice school, my child fails to take each state achievement test required for his/her grade level, my child has more than twenty unexcused absences during the school year, or I fail to complete the renewal process. If my child has received an EdChoice Expansion Scholarship I must maintain Ohio residency and verify my income annually.
- * I have received and understand the policy handbook of the chartered nonpublic school and will abide by its provisions.
- * I understand that if my child's scholarship has been awarded in error, it will be terminated immediately and I would then be responsible for paying the tuition if I decide to keep my child at the private school.

I designate:

(Name of Private School) _____

to submit an application on my behalf for the Scholarship Program
through the Ohio Department of Education electronic application system.

BY SIGNING BELOW I AGREE TO ALL THE ABOVE STATEMENTS**Signature of Legal Guardian Signing the Tuition Check:** _____

Date: _____

RETURN TO THE PRIVATE SCHOOL WITH BIRTH CERTIFICATE AND CURRENT UTILITY BILL BEFORE APRIL 30, 2017.

PRIVATE/PAROCIAL SCHOOL
STUDENT REGISTRATION INFORMATION

Today's Date **2**
 / /

Use additional pages as necessary.

Student Name _____

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Stepparent <input type="checkbox"/> @Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Surrogate Parent <input type="checkbox"/> Other	
Last Name _____ First Name _____ Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <i>If you check Divorced or Separated, we require current legal documentation related to the children.</i> (*)Address _____ City _____ State _____ ZIP Code _____ Phone Number _____ Unlisted: <input type="checkbox"/> No <input type="checkbox"/> Yes Cell Phone _____ Email Address _____ Work Phone _____	Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes District of Residence _____ District of Primary Residence _____ Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Stepparent <input type="checkbox"/> @Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Surrogate Parent <input type="checkbox"/> Other	
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(*) If address is different from student's address.

[#] If parent is not custodial, include copy of Grandparent Power of Attorney and Caregiver Authorization.

@ If foster parent, obtain copy of court order showing district of responsibility. Retain in cumulative file.